



**MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
SUMMER FOOD SERVICE PROGRAM  
PROGRAM COST REPORT**

Name of Sponsor									
Program Costs for Period Beginning (mm/dd/yyyy)							Ending (mm/dd/yyyy)		
Position	Salary per Hour	Number of Hours Worked Per Day		Number of Days Worked		Fringe benefits		Total	
		X		X		+		=	
		X		X		+		=	
		X		X		+		=	
		X		X		+		=	
		X		X		+		=	
		X		X		+		=	
		X		X		+		=	
		X		X		+		=	
		X		X		+		=	
		X		X		+		=	
		X		X		+		=	
		X		X		+		=	
		X		X		+		=	
		X		X		+		=	

1. Total Labor Costs for period.....
2. Food Purchases for period.....
3. Food Service Supplies.....
4. Transportation .....
5. Communications .....
6. Rental of Office Space (non public or sponsor owned).....
7. Office Supplies .....
8. Utilities .....
9. Use allowance on fixtures and furniture (non public or sponsor owned).....
10. Audit fees .....
11. Legal fees .....
12. Other (specify) .....

Total Monthly Administrative Costs (sum of lines 1 through 12)      \$